

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09903412</b>	FILING DATE <b>7/11/01</b>					
							APPLICANT(S)						
<b>9/21/05 CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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49							99						
50							100						
TOTAL IND.	9		9		9		TOTAL IND.						
TOTAL DEP.	43		39		39		TOTAL DEP.						
TOTAL CLAIMS	52		48		48		TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS ON AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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